Please	type	a	plus	sign	(+)	inside	this	box	$\rightarrow$	+	
--------	------	---	------	------	-----	--------	------	-----	---------------	---	--

PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
and to a collection of information unless it contains a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to re Attorney Docket Number 1305/23 DECLARATION FOR UTILITY OR ROBERT MARSHALL First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration
Submitted after Initial □ Declaration OR Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filina Examiner Name required)

	,							
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled								
ON -LINE DATA DISTRIBUTION AND BROADCAST SYSTEM								
the specification of which	(7	itle of the Invention)						
TX is attached hereto								
OR		as United St	ates Application !	Number or PCT I	nternational			
☐ was filed on (MM/DD/YYYY)				Gf	applicable).			
Application Number	Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above								
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the pnor application and the national of PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 19(a)-(d) or 395(b) of any foreign application(p) for patent or inventor's certificate, or 395(b) of any 595(b) of any foreign application (p) for patent or inventor's certificate, or 395(b) of any foreign application for patent or inventor's America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any FCT international application having a fling date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached?			
		,						
					H			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below								
Application Number(s)	Filing Dat	e (MM/DD/YYYY)						
				al provisional ap are listed on a	olication			
60/189,887 03/16/2000 supplemental priority data sheet PTO/SB/02B attached hereto								

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patent, Washington, DC 20231

Deallann

] also

m

12

Inventor's Signature

Residence: City

Mailing Address

Mount Airy

Mount Airy

Mailing Address 305 Thornberry Court

State MD

## Customer Number Direct all correspondence to: OR X Correspondence address below or Bar Code Label Name ROLAND H. SHUBERT Post Office Box 2339 Address Address State VA 7120195-0339 Reston City Telephone (703) 435-4141 F4(703) 435-1842 Country USA I hereby declare that all statements made hereb of my own knowledge are true and that all statements made on information and belief are believed to be true, and tritter that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or impresonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name MARSHALL (first and middle [j-eny]) ROBERT S or Surname Inventor's Signature Iiamsville State MD CounTISA Residence: City Citizenship 10230 Greensward Link Mailing Address Mailing Address 21754 City Ijamsville MD Coun USA A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name CHRISTOPHER DA Family Name SLOOP (first and middle [if ar or Surname

**DECLARATION** — Utility or Design Patent Application

State MD

c21771

ZIP 21771

CHSAsh

Country

Please type a plus sign (+) inside this box		+	
---	--	---	--

PTO/SB/81 (10-00)
Approved for use through 10/31/2002 CMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTIMENT OF COMMERCE ond to a collection of information unless it display a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

John to a concoder of fine firm		$\overline{}$
Application Number		
Filing Date		
First Named Inventor		
Group Art Unit		
Examiner Name		
Attorney Docket Number	1305/23	

I hereby appoint:				
Practitioners at Ci	istomer Number			ace Customer Imber Bar Code
OR	istomer rumber			bel here
Practitioner(s) nan	ned below			
	Name		Registration N	lumber
Roland	H. Shubert	24	,639	
		n identifi	ad above and t	o transact all
as my/our attorney(s) or	agent(s) to prosecute the applicatio States Patent and Trademark Office	connecte	d therewith.	o transact an
business in the officed c	nates I atch and I addition of the			
	spondence address for the above-id	ientified a	pplication to.	
The above-mention	ed Customer Number			
OR				
Firm or Individual Name	Rotand H. Shubert			
Address	Post Office Box 23:	39		
Address				1 100105 0000
City	Reston	State	VA	Zip 20195-0339
Country	IISA			
	(703) 435-4141			
Telephone	(703) 435-4141	Fax	(703) 43	15-1842
	(703) 435-4141	Fax	(703) 43	35-1842
I am the		Fax	(703) 43	35-1842
I am the Applicant/Invent	or.		(703) 43	3-1842
I am the:  Applicant/Invent	or.	R 3.71.		3-1042
I am the Applicant/Invent	or. ord of the entire interest. See 37 CFI or 37 CFR 3.73(b) is enclosed. (Form	R 3.71. 1 PTO/SE	/96).	3-1842
I am the:  Applicant/Invent	or.	R 3.71. 1 PTO/SE	/96).	3-1842
I am the:    X   Applicant/Invent     Assignee of rect     Statement under	or. ord of the entire interest. See 37 CFI or 37 CFR 3.73(b) is enclosed. (Form	R 3.71. 1 PTO/SE	/96).	3-1642
I am the Applicant/Invent Assignee of rect Statement unde	or. ord of the entire interest. See 37 CFi 7 37 CFR 3.73(b) is enclosed. (Form: SIGNATURE of Applicant or Ass	R 3.71. 1 PTO/SE	/96).	3-1642
l am the:  ☐	or. ord of the entire interest. See 37 CFr 737 CFR 3 73(b) is enclosed. (Form: SIGNATURE of Applicant or Assert S. Marshall	R 3.71. 1 PTO/SE	/96).	37-1042
l am the:	or. ord of the entire interest. See 37 CFI 737 CFR 3.73(b) is enclosed. (Form: SIGNATURE of Applicant or Assect S. Marshal) 3/15/6 //	R 3.71. PTO/SE signee of	/96). Record	
l am the:    X   Applicant/Invent     Assignee of recent     Statement unde     Name   R6h     Signature     Date     NoTE: Signatures of all the inventorms if more than one signature	or. ord of the entire interest. See 37 CFI 737 CFR 3.73(b) is enclosed. (Form: SIGNATURE of Applicant or Assect S. Marshal) 3/15/6 //	R 3.71. PTO/SE signee of	/96). Record	

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will very desenting upon the seeds of the inclindual case. Any comments on the amount of time you are required to complete this form should be sent as the Celebration Officer. U.S. Papiers and Trademonic, Washington, DC 20231. DN OTS ESEND TESS OR COMPLETED FORMS TO THIS ACRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	<b>→</b> [+]
---	--------------

POWER OF ATTORNEY OR

**AUTHORIZATION OF AGENT** 

Approved for use through: 10/31/2002 OMB 0851-0035
U.S. Patent and Tide/mark Office, U.S. DEPARTMENT OF COMMERCE.
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless t display a valid OMB control humber.

Application Number Filing Date

First Named Inventor

Examiner Name

	Attorney	Docket Number	1305/23	
I hereby appoint:				
Practitioners at Custom	er Number		Place Cu	ustomer Bar Code
OR			Label he	
X Practitioner(s) named be	elow			
	Name		istration Numbe	er
Roland H.	Shubert	24,6	39	
		-		
L				
as my/our attorney(s) or agent	r(s) to prosecute the application	n identified ab	ove and to tran	sact all
business in the United States				
Please change the correspond	ence address for the above-in	lentified annlic	ation to	
The above-mentioned Cus		тепиней аррне	adon to.	ľ
OR				
Individual Name	land H. Shubert			
Address Pc	st Office Box 23	39		
Address				<b>120195-0339</b>
City	eston	State V	A Zip	20195-0339
Country US			03) 435-1	942
Telephone (	703) 435–4141	Fax	03) 433-1	042
I am the				i
Applicant/Inventor.				
Assigned of record of t	he entire interest. See 37 CFF	2 3 71		
	FR 3 73(b) is enclosed. (Form			
S	IGNATURE of Applicant or Ass	ignee of Recor	d	
Christ	opher On Sloop	-		
Teame / )()	1/0			
Signature	· NXDA			
Date	3/15/0/1			
NOTE: Signatures of all the inventors or forms if more than one signature is require		rest or their repre	sentative(s) are requ	uired. Submit multiple
Tomo in more train of the eight letter is require				

Burden Hour Statement. This form is estimated to take 3 manutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are sequence to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tademark Officer, Washington, D.C. 20231. D.N.O.T. SEND FEES NO EXOMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, D.C. 20231.